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## FACSIMILE COVER SHEET

October 11, 2007

**Receiver:** Central Fax Number/Examiner Kailash C. Srivastava  
USPTO

**TEL #:**

**FAX #:** 571-273-8300

**Sender:** Mary Terry, Patent Secretary for Jeffrey Weaver

**Our Ref. No.:** CYTOP135X1

**Your Ref:** 10/719,888

**Re:** Amendment B

**Pages Including Cover Sheet(s):** 12

**FAX CONTENTS:**

Fax Cover Sheet – 1 page  
Amendment Transmittal – 1 Page  
Amendment B – 10 pages

**MESSAGE:**

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mattheakis et al.

Attorney Docket No.: CYTOP135X1

Application No.: 10/719,988

Examiner: Srivastava, Kailash, C.

Filed: November 20, 2003

Group: 1657

Title: PREDICTING HEPATOTOXICITY  
USING CELL BASED ASSAYS

## CERTIFICATE OF FACSIMILE TRANSMISSION:

I hereby certify that this correspondence is being transmitted by  
facsimile to the United States Patent and Trademark Office,  
Commissioner for Patents, Attn: Examiner Kailash, Fax No.  
(571) 273-8300, Alexandria, VA 22313-1450 on: October 11,  
2007.Signed: 

Mary Terry

## AMENDMENT TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

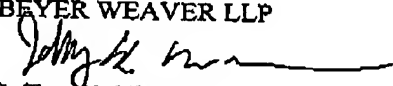
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	19	MINUS	19	0	x 25 =	x 50 = 0
Independent Claims	3	MINUS	3	0	x 100 =	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0

- ☒ Applicant(s) hereby petition for a 3 month extension(s) of time to respond to the  
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is  
determined that such an extension is required, Applicant(s) hereby petition that such an extension  
be granted and authorize the Commissioner to charge the required fees for an Extension of Time  
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the additional  
claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the  
enclosed response, to Deposit Account No. 500388 (Order No. CYTOP135X1).

Respectfully submitted,  
BEYER WEAVER LLP  
Jeffrey K. Weaver  
Reg. No. 31,314P.O. Box 70250  
Oakland, CA 94612-0250

OCT. 11. 2007 10:53AM

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OCT 11 2007

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on October 11, 2007.

Signed:

  
Mary Terry

**AMENDMENT B**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 11, 2007, please amend the above-identified patent application as follows:

**Listing of Pending Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.